

110TH CONGRESS  
1ST SESSION

# H. R. 2477

To amend part A of title IV of the Social Security Act to require the Secretary of Health and Human Services to conduct research on indicators of child well-being.

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## IN THE HOUSE OF REPRESENTATIVES

MAY 24, 2007

Mr. FATTAH introduced the following bill; which was referred to the  
Committee on Ways and Means

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## A BILL

To amend part A of title IV of the Social Security Act to require the Secretary of Health and Human Services to conduct research on indicators of child well-being.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “State Child Well-Being  
5       Research Act of 2007”.

6       **SEC. 2. FINDINGS.**

7       Congress makes the following findings:

8               (1) The well-being of children is a paramount  
9       concern for our Nation and for every State, and

1 most programs for children and families are man-  
2 aged at the State or local level.

3 (2) Child well-being varies over time and across  
4 social, economic, and geographic groups, and can be  
5 affected by changes in the circumstances of families,  
6 by the economy, by the social and cultural environ-  
7 ment, and by public policies and programs at the  
8 Federal, State, and local level.

9 (3) States, including small States, need infor-  
10 mation about child well-being that is specific to their  
11 State and that is up-to-date, cost-effective, and con-  
12 sistent across States and over time.

13 (4) Regular collection of child well-being infor-  
14 mation at the State level is essential so that Federal  
15 and State officials can track child well-being over  
16 time.

17 (5) Information on child well-being is necessary  
18 for all States, particularly small States that do not  
19 have State-level data in other federally supported  
20 databases. Information is needed on the well-being  
21 of all children, not just children participating in  
22 Federal programs.

23 (6) Telephone surveys of parents represent a  
24 relatively cost-effective strategy for obtaining infor-  
25 mation on child well-being at the State level for all

1 States, including small States, and can be conducted  
2 alone or in mixed mode strategy with other survey  
3 techniques.

4 (7) Data from telephone surveys of the popu-  
5 lation are currently used to monitor progress toward  
6 many important national goals, including immuniza-  
7 tion of preschool children with the National Immuni-  
8 zation Survey, and the identification of health care  
9 issues of children with special needs with the Na-  
10 tional Survey of Children with Special Health Care  
11 Needs.

12 (8) A State-level telephone survey, alone or in  
13 combination with other techniques, can provide in-  
14 formation on a range of topics, including children's  
15 social and emotional development, education, health,  
16 safety, family income, family employment, and child  
17 care. Information addressing marriage and family  
18 structure can also be obtained for families with chil-  
19 dren. Information obtained from such a survey  
20 would not be available solely for children or families  
21 participating in programs but would be representa-  
22 tive of the entire State population and consequently,  
23 would not only inform welfare policymaking, but pol-  
24 icymaking on a range of other important issues,

1       such as child care, child welfare, child health, family  
2       formation, and education.

3   **SEC. 3. RESEARCH ON INDICATORS OF CHILD WELL-BEING.**

4       Section 413 of the Social Security Act (42 U.S.C.  
5   613) is amended by adding at the end the following:

6       “(k) INDICATORS OF CHILD WELL-BEING.—

7           “(1) IN GENERAL.—The Secretary shall develop  
8       comprehensive indicators to assess child well-being  
9       in each State by directing the Director of the Mater-  
10      nal and Child Health Bureau of the Health Re-  
11      sources and Services Administration (in this sub-  
12      section referred to as the ‘Director’) to expand the  
13      National Survey of Children’s Health.

14       “(2) REQUIREMENTS.—

15           “(A) IN GENERAL.—The indicators devel-  
16      oped under paragraph (1) shall include meas-  
17      ures related to the following:

18           “(i) Education.

19           “(ii) Social and emotional develop-  
20      ment.

21           “(iii) Physical and mental health and  
22      safety.

23           “(iv) Family well-being, such as fam-  
24      ily structure, income, employment, child

1 care arrangements, and family relation-  
2 ships.

3 “(B) COLLECTION REQUIREMENTS.—The  
4 data collected with respect to the indicators de-  
5 veloped under paragraph (1) shall be—

6 “(i) statistically representative at the  
7 State and national level;

8 “(ii) consistent across States;

9 “(iii) collected on an annual basis for  
10 at least the 5 years following the first year  
11 of collection;

12 “(iv) measured with reliability;

13 “(v) current;

14 “(vi) over-sampled, with respect to  
15 low-income children and families, so that  
16 subgroup estimates can be produced by a  
17 variety of income categories (such as for  
18 50, 100, and 200 percent of the poverty  
19 level, and for children of varied ages, such  
20 as 0–5, 6–11, and 12–17 years of age);  
21 and

22 “(vii) made publicly available.

23 “(C) OTHER REQUIREMENTS.—

24 “(i) PUBLICATION.—The data col-  
25 lected with respect to the indicators devel-

1           oped under paragraph (1) shall be pub-  
2           lished as both actual numbers and ex-  
3           pressed in terms of rates or percentages.

4           “(ii) SAMPLE SIZES.—Sample sizes  
5           used for the collected data shall be ade-  
6           quate for microdata on the categories in-  
7           cluded in clause (vi) to be made publicly  
8           available without violating confidentiality  
9           standards.

10          “(D) CONSULTATION.—

11           “(i) IN GENERAL.—In developing the  
12           indicators required under paragraph (1)  
13           and the means to collect the data required  
14           with respect to the indicators, the Sec-  
15           retary shall require the Director to consult  
16           and collaborate with a subcommittee of the  
17           Federal Interagency Forum on Child and  
18           Family Statistics, which shall include rep-  
19           resentatives with expertise on all the do-  
20           mains of child well-being described in sub-  
21           paragraph (A). The subcommittee shall  
22           have appropriate staff assigned to work  
23           with the Maternal and Child Health Bu-  
24           reau during the design phase of the survey.

1           “(ii) DUTIES.—The Director shall  
2           consult with the subcommittee referred to  
3           in clause (i) with respect to the design,  
4           content, and methodology for the develop-  
5           ment of the indicators required under  
6           paragraph (1) and the collection of data  
7           regarding the indicators, and the avail-  
8           ability or lack thereof of similar data  
9           through other Federal data collection ef-  
10          forts.

11          “(iii) COSTS.—Costs incurred by the  
12          subcommittee with respect to the develop-  
13          ment of the indicators and the collection of  
14          data related to the indicators shall be  
15          treated as costs of the National Survey of  
16          Children’s Health.

17          “(3) ADVISORY PANEL.—

18          “(A) ESTABLISHMENT.—The Secretary  
19          shall require the Director to establish, with the  
20          advice of the Federal Interagency Forum on  
21          Child and Family Statistics, an advisory panel  
22          of experts to make recommendations regarding  
23          the appropriate measures, methods, dissemina-  
24          tion strategies, and statistical tools necessary  
25          for making the assessment required under para-

graph (1) based on the indicators developed under that paragraph and the data collected with respect to the indicators.

“(B) MEMBERSHIP.—

“(i) IN GENERAL.—The advisory panel established under subparagraph (A) of this paragraph shall include experts on each of the domains of child well-being described in paragraph (2)(A), experts on child indicators, experts from State agencies and from nonprofit organizations that use child indicator data at the State level, and experts on survey methodology.

“(ii) DEADLINE.—The members of the advisory panel shall be appointed not later than 2 months after the date of enactment of the State Child Well-Being Research Act of 2007.

“(C) MEETINGS.—The advisory panel established under subparagraph (A) shall meet—

“(i) at least 3 times during the first year after the date of enactment of the State Child Well-Being Research Act of 2007; and



1                   “(ii) annually thereafter for the 4 suc-  
2                   ceeding years.

3                   “(4) AUTHORIZATION OF APPROPRIATIONS.—  
4                   There are authorized to be appropriated for each of  
5                   fiscal years 2008 through 2012, \$20,000,000 for the  
6                   purpose of carrying out this subsection.”.

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